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|---------------------------------------|--------------------|--------------|-----|--------------|---|-------|---|--------|
| Basic Filing Fee | | | | | | | | \$ 770 |
| Multiple Dependent Claim Fee (\$ 290) | | | | | | | | \$ |
| Foreign Language Surcharge (\$ 130) | | | | | | | | \$ |
| | For | Number Filed | | Number Extra | | Rate | | |
| Extra Claims | Total Claims | 20 | -20 | 0 | x | \$ 18 | = | \$ |
| | Independent Claims | 3 | -3 | 0 | x | \$ 86 | = | \$ |
| TOTAL FILING FEE | | | | | | | | \$ 770 |

☒ Please charge Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company in the amount of \$770. An additional copy of this paper is enclosed. The Commissioner is hereby authorized to charge any additional fees under 37 CFR §1.16 and §1.17 which may be required in connection with this application, or credit any overpayment, to Deposit Account No. 19-3880 in the name of Bristol-Myers Squibb Company.

Please address all correspondence to the address associated with Customer No. 23914, which is currently:

Stephen B. Davis
Bristol-Myers Squibb Company
Patent Department
P.O. Box 4000
Princeton, NJ 08543-4000

Please direct all telephone calls to the undersigned at the number given below, and all telefaxes to 609-252-4526.

Respectfully submitted,

Date: 11/05/03



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